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to a collection of Information unless it displays a valid OMB control number. Under the Paperwork Reduction Act of 1995, no persons are required to respond to Application Number 10/788.614 RECEIVEL Filing Date TRANSMITTAL 2/27/2004 First Named Inventor CENTRAL FAX CENTER SIDDIQUI, QIRFIRAZ **FORM** Art Unit 2617 aug 2 1 2008 Examiner Name KARIKARI, KWASI (to be used for all correspondence after initial filing) Attorney Docket Number QS-01-US Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC **|** | Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC ✓ Amendment/Reply Petition (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Proprietary Information After Final Provisional Application Power of Atlorney, Revocation Change of Correspondence Address Status Letter Affidavits/declaration(s) Other Enclosure(s) (please Identify Terminal Disclaimer Extension of Time Request below): Request for Refund Express Abandonment Request CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Document(s) Response to non-compliant amendment including a copy of the previously filed amendment and remarks, credit card authorization form and petition for 3rd month extension of time minus Reply to Missing Parts/ previously paid for 2nd month extension of time. Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name EMDADI PATENT LAW Signature Printed name Kamran Emdadi Date Reg. No. August 21, 2008 58, 823 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Date

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